

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 23 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000062181

1. Corporation Name

THE MIAMI COMPUTER FACTORY CO.

Principal Place of Business

~~8990 WEST FLAGLER STREET~~
~~SUITE 219~~
~~MIAMI FL 33144~~

3036 NW 72 AVE
MIAMI, FL 33122

Mailing Address

~~8990 WEST FLAGLER STREET~~
~~SUITE 219~~
~~MIAMI FL 33144~~

3036 NW 72 AVE
MIAMI, FL 33122



REINSTATEMENT 02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
3036 NW 72 AV

City & State
MIAMI

Zip
33122

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
3036 NW 72 AV

City & State
MIAMI

Zip
33122

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/22/2001

5. FEI Number

65-1115185

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	ZAMBRANO, MANUEL	8990 WEST FLAGLER STREET	MIAMI FL 33144
PSTD	MARIA ISABEL RODRIGUEZ de LE PAGE	3036 NW 72 AVE	MIAMI, FL 33122

600009637896
12/23/02--01054--018 **750.00

8. Name and Address of Current Registered Agent

~~SPIEGEL & UTRERA, P.A.~~
~~1840 SOUTHWEST 22 STREET~~
~~4TH FLOOR~~
~~MIAMI FL 33145~~

9. Name and Address of New Registered Agent

Name

REX RUSSO

Street Address (P.O. Box Number is Not Acceptable)

2655 Le Jeune Rd, PH 1-D

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/15/02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/15/02 305-742-8260

CR2E040 (8/02)